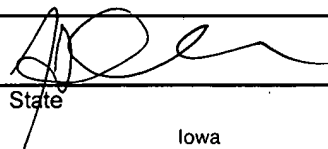


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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MICHAEL J.		WELSH	
Inventor's Signature <i>Michael J. Welsh</i>			Date 9/13/03
Residence: City	State	Country	Citizenship
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Mailing Address			
3460 560th Street S.W.			
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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JOHN A.		WEMMIE	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Iowa City	Iowa	USA	USA
Mailing Address			
Welsh Lab 500 EMRB, Department of Psychiatry, University of Iowa College of Medicine			
City	State	ZIP	Country
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MICHAEL J.		Family Name or Surname WELSH	
Inventor's Signature			Date
Residence: City Riverside	State Iowa	Country USA	Citizenship USA
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City Riverside	State Iowa	ZIP 52327	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JOHN A.		Family Name or Surname WEMMIE	
Inventor's Signature 			Date 9/16/03
Residence: City Iowa City	State Iowa	Country USA	Citizenship USA
Mailing Address Welsh Lab 500 EMRB, Department of Psychiatry, University of Iowa College of Medicine			
City Iowa City	State Iowa	ZIP 52242	Country USA
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